## L07000117414

(Requestor's Name)  (Address)	000157455810
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	06/22/0301053002 **60.00
(Business Entity Name)	and was produced to the contract of the contra
(Document Number)	* ************************************
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SECRETARY OF STATE

## **COVER LETTER**

TO:	FO: Registration Section Division of Corporations							
SUBJE	ECT:	<u>SBR</u>	DESIGNS LLO Name of Limit	ted Liability Company	······································			
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
			BRETT ROCKET	Name of Person				
SBR DESIGNS LLC Firm/Company								
	415 E. KNIGHTS GRIFFIN ZO. Address							
PLANT CITY FL 33565  City/State and Zip Code  BRETT D SBLOES 16N . COM  E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
BRE	ETT RON	CKEY ame of Per	son	at (813) 390 - 835° Area Code & Daytime T	elephone Number			
Enclosed is a check for the following amount:								
\$25	.00 Filing Fe	ee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SBR DE	ESIGNS LLO	_		
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears of bility Company)	n our records.)	<del></del>
The Articles of Organization for this Limited Li Florida document number <u>L070001172</u>	iability Company w	,		and assigned
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
SAME				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited	d Liability Company,	" the designation "LLC"	' or the abbreviation
Enter new principal offices address, if applicable:		SAME		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered offic		records, enter the	name of the new
Name of New Registered Agent:	BRETT	Rockey		<del>- 3</del>
New Registered Office Address:	415 EA	ST KNIGHTS		; غ
PLANT			∑ Florida ™3.	De Financia de Compositorio de
New Registered Agent's Signature, if changing I	Registered Agent:		JAI'E	: 52
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi- being filed to merely reflect a change in the	roper and comple istered agent as pr	te performance of sovided for in Chap	my duties, and I am f ster 608, F.S. Or, if th	familiar with and his document is

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** Address <u>Name</u> MGR KOCKEY STACEY KMBHTS GRIFFIN RD. ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 15 Dated JUNE Signature of a member or authorized representative of a member BRETT M Typed or printed name of signee

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Filing Fee: \$25.00